

FILED JAN 12 1948  
Registration District No. 12348

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days  
(Specify whether years, months or days)

In this community 42 years

3. (a) PRINT FULL NAME Lizzie Jordan

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Cal

6. (a) Single, widowed, married. Divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 14 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 1 17 hr. min.

9. Birthplace Ferrisburg Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name Wash Black

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Marian Nat

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Teasler

(b) Address 2520 Montgomery St-47

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentworth Park

18. (a) Signature of funeral director J. P. F. Church

(b) Address 2625 Glasgow

19. (a) JAN 5 1948 (b) J. F. Bruesch  
(Date local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
17

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 9 20

(d) Street No. 2523 N. Glasgow  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1,  
year 1944 hour 4 minute 06 P. M.  
December

21. I hereby certify that I attended the deceased from 12, 1943, to January 1, 1943  
that I last saw h or alive on January 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophic Arthritis

Duration Unk.

Due to \_\_\_\_\_

Due to 59

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Sign J. M. Jackson (M. D. or other)  
Address Bourbonville Date signed 1/3/48

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *A. J. Richards*.....

Licensed Embalmer No. *2928*.....

P. O. Address *2625 Glasgow*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**